

**BUREAU OF SECURITY AND INVESTIGATIVE SERVICES**

P. O. Box 989002
West Sacramento, CA 95798-9002
www.bsis.ca.gov
(916) 322-4000
1-800 952-5210

RENEWAL APPLICATION
ALARM COMPANY OPERATOR BRANCH OFFICE CERTIFICATE

INSTRUCTIONS FOR COMPLETING RENEWAL APPLICATION

1. Identify the expiration date of your current certificate.
2. If your certificate has expired, you must pay the delinquency fee and check the box below.
3. Print your company name and address; check the box if changing the address.
4. Print your entire certificate number and sign and date the renewal application.
5. Do not send cash. Send a check or money order and fee(s) made payable to the Bureau of Security and Investigative Services and mail to P. O. Box 989002, West Sacramento, CA 95798.

PLEASE READ CAREFULLY

Each branch office certificate is issued to a specific company at a specific location. Submit your renewal application and fee(s) no earlier than ninety (90) days prior to the expiration date. All certificates must be renewed on or before the date of expiration. A BRANCH OFFICE CERTIFICATE MAY NOT BE RENEWED AFTER 3 YEARS FROM THE EXPIRATION DATE. To renew the delinquent certificate the renewal fees and delinquency fees must be paid from the time the certificate expired to present. If there has been a changed of ownership, corporate officer, or manager, you must contact the bureau immediately. IF A BRANCH OFFICE CHANGES LOCATION, THE BRANCH OFFICE CERTIFICATE IS NON - TRANSFERABLE TO THE NEW LOCATION; A NEW CERTIFICATE IS REQUIRED.

YOU MAY NOT ENGAGE IN THE BUSINESS OF AN ALARM COMPANY OPERATOR FROM THIS BRANCH OFFICE LOCATION AFTER THE EXPIRATION DATE UNLESS THE CERTIFICATE IS RENEWED OR THE RENEWAL IS PENDING.

☐ **Alarm Company Operator Branch Office (\$35)**

Fee Enclosed \$ _____

☐ Delinquent fee (\$25)

If the renewal application is postmarked after
expiration date the delinquent fee shall apply

Expiration Date ____ / ____ / ____

(Please type or print legibly)

Company Name:	ACB Certificate Number:
Company Mailing Address: Street City State Zip Code	Phone Number: ()
Company Physical Address: Street City State Zip Code	<input type="checkbox"/> Check here if mailing and or physical address have changed
Email Address:	
The following certification must be signed by the Branch Manager: I certify, under penalty of perjury under the laws of the State of California, that all statements attached hereto, are true and accurate. Signature: _____ Printed Name: _____	Date: / /